

Medical Records Invoices
Exhibit C to
Declaration of Kenneth B. Siepman

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000

 **HealthPort**
INVOICE

Invoice #: 0122968457
Date: 2/20/2013
Customer #: 1327261

Ship to:

JAMES E CANGANY
OGLETREE DEAKINS NASH ET AL
111 MONUMENT CIRCLE
STE 4600
INDIANAPOLIS, IN 46204-

Bill to:

JAMES E CANGANY
OGLETREE DEAKINS NASH ET AL
111 MONUMENT CIRCLE
STE 4600
INDIANAPOLIS, IN 46204-

Records from:

MADISON AVENUE FAMILY PRACTICE
8778 MADISON AVENUE SUITE 200
INDIANAPOLIS, IN 46227

Requested By: OGLETREE DEAKINS ET AL
Patient Name: HNIN CUNG

DOB:

Description	Quantity	Unit Price	Amount
Basic Fee			20.00
Retrieval Fee			0.00
Per Page Copy (Paper) 2	40	0.50	20.00
Per Page Copy (Paper) 1	63	0.25	15.75
Per Page Copy (Paper) 3	10	0.00	0.00
Shipping			6.85
Subtotal			62.60
Sales Tax			5.78
Certification Fee			20.00
Invoice Total			88.38
Balance Due			88.38

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days

Please remit this amount : \$ 88.38 (USD)

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Invoice #: 0122968457

Check # _____
Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.

Email questions to Collections@healthport.com.

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 **HealthPort**
INVOICE

Invoice #: 0122894764
Date: 2/19/2013
Customer #: 1327261

Ship to:

JAMES E CANGANY
OGLETREE DEAKINS NASH ET AL
111 MONUMENT CIRCLE
STE 4600
INDIANAPOLIS, IN 46204-

Bill to:

JAMES E CANGANY
OGLETREE DEAKINS NASH ET AL
111 MONUMENT CIRCLE
STE 4600
INDIANAPOLIS, IN 46204-

Records from:

UROLOGY OF INDIANA
679 E COUNTY LINE RD
GREENWOOD, IN 46143

Requested By: OGLETREE DEAKINS NASH ET AL
Patient Name: HNIN CUNG

DOB:

FILE NUMBER: 005706000021

Description	Quantity	Unit Price	Amount
Basic Fee			20.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	29	0.50	14.50
Per Page Copy (Paper) 2	10	0.00	0.00
Shipping			2.32
Subtotal			36.82
Sales Tax			2.58
Invoice Total			39.40
Balance Due			39.40

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days

Please remit this amount : \$ 39.40 (USD)

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Invoice #: 0122894764

Check # _____
Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.
Email questions to Collections@healthport.com.